

SATISFACTION OF JUDGMENT;

☐ RELEASE OF GARNISHEE(S)

IN THE DISTRICT COURT OF THE SECOND CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Name of Garnishee(s) to be released:	Date Garnishee Summons Order Granted: (If none, date of Garnishee Summons)

SATISFACTION OF JUDGMENT

☐ RELEASE OF GARNISHEE

The undersigned acknowledges full satisfaction and payment of the **JUDGMENT** in the above-entitled case.

☐ Release of Garnishee(s) as stated above.

CERTIFICATE OF SERVICE

I certify that a copy of this Satisfaction was served at the last known address(es) of Judgment Debtor(s) or Judgment Debtor(s)' attorney/☐ Garnishee(s) on \_\_\_\_\_ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:
	Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.

SATISRLS.X (Amended 4/18/97)v	I certify that this is a full, true, and correct copy of the original on file in this office.  _____ Clerk, District Court of the above Circuit, State of Hawai'i
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